

## ABOUT THE OIG (HTTP://OIG.SSA.GOV/ABOUT-OIG)

REPORT FRAUD, WASTE, OR ABUSE (HTTP://OIG.SSA.GOV/REPORT-FRAUD-WASTE-OR-ABUSE)  
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[SUBMIT A REPORT](#)

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What Can't OIG Investigate? (http://oig.ssa.gov/report-fraud-waste-or-abuse/what-can-t-oig-investigate)

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May I Remain Anonymous? (http://oig.ssa.gov/report-fraud-waste-or-abuse/may-i-remain-anonymous)

What Will OIG Do With What I Report? (http://oig.ssa.gov/report-fraud-waste-or-abuse/what-will-oig-do-what-i-report)

You can use this online form to report allegations of Fraud, Waste, and Abuse concerning SSA programs and operations. Our office also addresses allegations of criminal activity and serious misconduct involving Social Security employees. Moreover, we have jurisdiction to investigate allegations of work and assets concealment, representative payee misuse and trafficking of Social Security cards.

[AUDITS AND INVESTIGATIONS](#)

## FILING STATUS

**Confidentiality and Anonymity** is not requested. If necessary, you may contact me for additional information and I do not place any restrictions on the release of my contact information. Please fill out the contact form below.

**I wish to remain Confidential.** You may contact me for additional information, but please keep my name confidential and do not share it outside of the Office of the Inspector General. Our policy is to honor requests for confidentiality and not to release any data that would identify such individuals unless required to do so by order of law (e.g., court order/subpoena). Please fill out the contact form below.

**I wish to remain Anonymous.** If you choose to remain anonymous, it is not necessary to fill out the contact information. It is important to note that we will not be able to contact you if we need additional information about your complaint.

Using the following list, please choose your filing status:\*

- Confidentiality and Anonymity is not requested.
- Wish to remain Confidential
- Wish to remain Anonymous

\* required field

## SECTION I | PERSON OR BUSINESS REPORTING FRAUD (OPTIONAL)

Are you filing as a Private Individual or on behalf of a Business?

- Private Individual
- Business

## SECTION I-A | PERSONAL CONTACT INFORMATION

E-mail address for an acknowledgement of your complaint

info@kathygold.com

First Name

Kathy

Middle Name/Initial

Last Name

Gold

Address

44043 Gadsden Ave

City

Lancaster

State

California

Zip Code

93534

Home Phone (digits only)

8182356370

Cell Phone (digits only)

Work Phone (digits only)

Extension

Social Security Number

[REDACTED]

Are you a victim of the alleged violation/fraud?

- Yes
- No

## SECTION I-B | YOUR BUSINESS INFORMATION

(Skip this section if you completed Section I-A)

Business name	Employer Identification Number	
<input type="text"/>	<input type="text"/>	
Business Address	<input type="text"/>	
<input type="text"/>	State	Zip Code
<input type="text"/>	<input type="button" value="Select a State"/>	<input type="text"/>
Business Phone (digits only)	Business Cell Phone (digits only)	
<input type="text"/>	<input type="text"/>	

## SECTION II | PERSON COMMITTING FRAUD

Are you reporting a Private Individual or a Business?

Private Individual  Business

### SECTION II-A | REPORTING A PRIVATE INDIVIDUAL

If you are reporting more than one individual, please add your information in the Summary Section below.

First Name	Middle Name/Initial	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Alias	Social Security Number		
<input type="text"/>	<input type="text"/>		
Address	<input type="text"/>		
<input type="text"/>	State	Zip Code	
<input type="text"/>	<input type="button" value="Select a State"/>	<input type="text"/>	
Home Phone (digits only)	Cell Phone (digits only)		
<input type="text"/>	<input type="text"/>		
Work Phone (digits only)	Extension		
<input type="text"/>	<input type="text"/>		
Date of Birth (MMDDYYYY)	Sex	Race	State of Birth
<input type="text"/>	<input type="button" value="Select One"/>	<input type="button" value="Select One"/>	<input type="button" value="Select a State"/>

### SECTION II-B | REPORTING A BUSINESS

(Skip this section if you completed Section II-A)

If you are reporting more than one business, please add your information in the Summary Section below.

Business Name	Employer Identification Number	
<input type="text" value="Social Security Administration"/>	<input type="text"/>	
Business Address	<input type="text"/>	
<input type="text"/>	State	Zip Code
<input type="text" value="San Fernando"/>	<input type="button" value="California"/>	<input type="text"/>
Business Phone (digits only)	Business Cell Phone (digits only)	
<input type="text"/>	<input type="text"/>	

### SECTION III | PRIMARY VICTIM INFORMATION

If you are reporting more than one victim, please add your information in the Summary Section below.

First Name	Middle Name/Initial	Last Name
<input type="text" value="Kathy"/>	<input type="text"/>	<input type="text" value="Gold"/>
Address		
<input type="text" value="44043 Gadsden Ave"/>		
City	State	Zip Code
<input type="text" value="Lancaster"/>	<input style="width: 50px;" type="text" value="California"/> ▼	<input type="text" value="93534"/>
Social Security Number		
<input style="background-color: black; color: black; width: 100px; height: 15px; border: none;" type="text"/>		
Home Phone (digits only)	Cell Phone (digits only)	
<input type="text" value="8182356370"/>	<input type="text"/>	
Work Phone (digits only)	Extension	
<input type="text"/>	<input type="text"/>	

Provide the following items if they apply:

Date of Birth (MMDDYYYY)	Sex	Race
<input type="text" value="12171966"/>	<input style="width: 50px;" type="text" value="Female"/> ▼	<input style="width: 50px;" type="text" value="Other"/> ▼

### SECTION IV | SUMMARY (4000 CHARACTER LIMIT)

Description\* - Please furnish the facts of the alleged fraud. Include who, what, when, where, how and why. Your description is limited to 4000 characters.

I've been trying to fax these documents over but your fax line is busy. So I thought I'd do it online.

<http://fedcourt.info/SSADisability/LetterToIG.pdf>  
<http://fedcourt.info/SSADisability/FalseReportComplete.pdf>  
<http://fedcourt.info/SSADisability/BrionesComplete.pdf>  
<http://fedcourt.info/SSADisability/LandiniComplete.pdf>  
<http://fedcourt.info/SSADisability/CrowderComplete.pdf>  
<http://fedcourt.info/SSADisability/MooreComplete.pdf>

If you have any questions, let me know.

Thank You,  
Kathy Gold

3506 Characters Left

\* required field

oig.ssa.gov (<http://oig.ssa.gov>)

*Preventing*  
FRAUD, WASTE,  
& ABUSE

ABOUT THE OIG ([HTTP://OIG.SSA.GOV/ABOUT-OIG](http://OIG.SSA.GOV/ABOUT-OIG))

Offices (<http://oig.ssa.gov/about-oig/offices>)

Meet the OIG Senior Staff (<http://oig.ssa.gov/about-oig/meet-oig-senior-staff>)

Careers (<http://oig.ssa.gov/about-oig/careers>)

Strategic Plans (<http://oig.ssa.gov/strategic-plans>)

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Audit Reports (<http://oig.ssa.gov/audits-and-investigations/audit-reports/all>)

Top SSA Management Issues (<http://oig.ssa.gov/audits-and-investigations/top-ssa-management-issues>)

Audit Work Plans (<http://oig.ssa.gov/audits-and-investigations/audit-work-plans>)

Investigations (<http://oig.ssa.gov/audits-and-investigations/investigations>)

NEWSROOM ([HTTP://OIG.SSA.GOV/NEWSROOM](http://OIG.SSA.GOV/NEWSROOM))

Beyond the Numbers (<http://oig.ssa.gov/newsroom/blog>)

OIG In the News (<http://oig.ssa.gov/newsroom/oig-news>)

News Releases (<http://oig.ssa.gov/newsroom/news-release>)

Congressional Testimony (<http://oig.ssa.gov/newsroom/congressional-testimony>)

Semiannual Reports (<http://oig.ssa.gov/newsroom/semiannual-reports>)

Performance Reports (<http://oig.ssa.gov/newsroom/performance-reports>)

Recovery Act Reports (<http://oig.ssa.gov/newsroom/recovery-act-reports>)